Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>04-06-10</u>	Address:	<u>4272 N CR 425 E</u>
Case #:	<u>16F19639</u>		Logansport IN, 46947
County:	Cass		
Type of Laboratory Seizure (check one)		Seizure Location (c	heck all that apply)
Chemica	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel☑ Open – No Structure☑ Other:<u>Garage</u>
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s): N/A			
Red Phosphorous/Iodine Reaction(s): N/A			
☐ Flammable Solvents: Garage			
Water Reactive Metal (Lithium): Garage			
Anhydrous Ammonia: Outside			
Hydrochloric Acid Gas Generator(s): <u>Trash/roadside</u>			
Corrosive Acid: Garage			
Corrosive Base: N/A			
Other (i	tem and location): N/A		
\boxtimes Yes $\underline{3}$ (\square No	er age 18 discovered (check one) (number present) eport to Child Protective Services	Ephedrin Retail/M	e Information e/Pseudoephedrine Tracking Log erchant Tip ass Co. Drug Task Force
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: Cass County	Fax: (574)722-3842 Fax: (574)753-7039	
Health Dep	artment: Cass County	Fax: (574) Fax: (574)	
Child Prote	ection Service: Region 6		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Joshua Maller</u> Phone (765) 473-6666			

- ** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.